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## State of South Dakota

Candidates and candidate committees: File in the office where you filed your nominating petition.

JAN 13 2003

## Candidate's or Committee's Report of Receipts and Expenditures

PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office, 500 E Capitol Ave, Pierre, SD 57501-5070 See pages 9 & 10 of the Guideline Book for specific instructions on completing this report. Name of Candidate or Committee \_\_\_\_\_\_ Laru | Thoden Complete Mailing Address Box 512 Name of Person Making Report Sandy Rhoden. If you are a candidate, what office are you seeking \_ If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. Type of Report (See pages 4 & 5 of Guideline Book) For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 12/3//03 The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I Sandy Khoden (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Revised July 2001

Filed this day o

Signature of Committee Treasurer or Chairperson

SECRETARY OF STATE

Name of	Candidate	or Committee	Larry Rhoden
For the	reporting	period ending	12/31/03

## Schedule A - Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

Unitemized Contribution	ons from Individuals:		*\$
Itemized Contributions			
Name	Residence Address	Place of Employment (Name of Employer)	
independent Insurance	P.O. Boy 324 Pierre		\$ <u>50.00</u>
Marlun Murohy	Hot Springs. 10.	9¥	\$ 250.00-
S.D. Insturance Political	722 East Captul Ave. Pierre, SD. 577501		\$ 50.00
SD. Certified, Registered	4518 River Oaks Dr.		\$ 50.00
Action Committee	Sioux falls, SD 57105 P.O. Box 84002		\$ 100.00
for Ethanol SD EPIC 411 E.Capitol As	5 ioux falls, S.D. 57118 e 411 East Copilol Ave.		\$ 150.00
Pierre, SD, 5"	70080-1454 Ave.	SDEA	\$ 100.00
Darri, Bruce Weynid	<u>5turgis, SD 57785</u>		- s
Black Hells Corporation	P.O. BOX 1400		\$ 100.00
SO, Optometric	Rapid City, SD 5710	9	\$ 100.00
Business + Industry PAC	Watertown, SD 5770 Box 190		\$ 100.00
PAC	PIPER SD 57501	repeat from report	\$ 250.00
Schmidt, Schroyer,	Rapid aity	30000	_
Maclya Murphy	Hot Springs SD.	retored	\$ <u>150.00</u>
, , , , , , <u>, , , , , , , , , , , , , </u>			\$
			\$
			\$
		/	\$
			\$
Total of Itemized Con	tributions from Indiv	iduals:	*\$/ <del>4</del> 50.00
			1200.00

Schedule A - Di	rect Contributions (continued	1)
nitemized Contributions from Po	olitical Parties:	*\$
temized Contributions from Pol:	itical Parties	
Party Name	Address	
		\$
		\$
otal of Itemized Contributions	from Political Parties:	*\$
PAC Name	Address	\$
PAC Name	Address	s
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$\$
		<del></del>

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Name of candidate of the	ittee	
	ending	
Schedule	e B - Fund-Raising Events Procee	ds
desired from each event. If a contril	ents held to raise money for the candidate and butor gives more than \$100 or their contribution he calendar year, those contributions must be it	)II 1620102 III UICH
Type of Event	Net Proceeds	
	To	otal: \$
2.4	edule C - In Kind Contributions	t value If the value
Report all non-cash contributions of exceeds \$100, the name of the contri	goods or services and the estimated fair marke ibutor, residence address and place of employn	nent must be reported.
Penort all non-cash contributions of	goods or services and the estimated fair marke ibutor, residence address and place of employn	et value. If the value ment must be reported. Name of Contribut
Report all non-cash contributions of exceeds \$100, the name of the contri	goods or services and the estimated fair marke ibutor, residence address and place of employn	nent must be reported.
Report all non-cash contributions of exceeds \$100, the name of the contri	goods or services and the estimated fair marke ibutor, residence address and place of employn	nent must be reported.
Report all non-cash contributions of exceeds \$100, the name of the contri	goods or services and the estimated fair marke ibutor, residence address and place of employn	nent must be reported.
Report all non-cash contributions of exceeds \$100, the name of the contri	goods or services and the estimated fair marke ibutor, residence address and place of employs bution  Estimated Value	nent must be reported.
Report all non-cash contributions of exceeds \$100, the name of the contri	goods or services and the estimated fair marke ibutor, residence address and place of employs bution  Estimated Value	Name of Contribu
Report all non-cash contributions of exceeds \$100, the name of the contributions of Non-Cash Con	goods or services and the estimated fair marke ibutor, residence address and place of employs bution  Estimated Value	Name of Contribu

Total: \$\_\_\_\_

•				
Name of Candi	date or Committe	_ darry	Rhoden	. <u></u>
For the repor	ting period end:	ing Dec. 31	7003	
		nedule E - Expend	ditures	
provided for repor	report all expenditures ting common expenses committees must be	All other expenses sho	's campaign. Line items have ould be listed. All contribu	been tions to
Item	Amount	Contributions Mad	de to Candidates and	Committees:
Advertising _				
Consulting _				
Postage _				
Printing				
Rent				
Salaries				
Telephone		4	15.0	
Travel	<u> </u>	tion Party : 17	15.00	
Utilities				
Other Expense	Donations	; \$50.00	Tim Begalka	
	• .	20,00	Mike Rounds	
		40.00	Joel Dykstra	
		50.00	Jeff Haverly	
		•	•	

Name of Candidate or Co	mmittee				
For the reporting perio	d ending				
Schedule F - Debts and Obligations					
This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.					
Owed To	Purpose	Amount			

Total Obligations: \$\_\_\_\_

Name	of Candidate or Committee	1 Rhoden			
	the reporting period ending 12/	J			
	Summary Page				
This Pleas	This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.				
1.	Amount on hand, if any, at beginning	g of reporting period	\$1053.45		
2.	Receipts	1-31-03 Whoneca	ell		
	Schedule A - Direct Contributions	\$ 1,450.00 1200.00	-		
	Schedule B - Fund-Raising Events	\$			
	Schedule C - In Kind Contributions	\$	in the state of th		
	Schedule D - Other Income	\$			
	Total of all receipts	\$ <u>235</u>			
3.	Total Monetary Receipts (A+B+D)		\$		
4.	Candidate's Personal Contribution to	o Own Campaign	\$ <u> </u>		
5.	Monetary Loans to Candidate or Comm Reporting Period	ittee During	\$		
6.	Monetary Loans Repaid During Report	ing Period	\$		
7.	Expenditures - Schedule E		s_235.00		
8.	Unpaid Obligations - Schedule F	\$	# a all w		
9.	Amount on hand at the close of this This should equal lines (1+3+4+5)-(	reporting period. 6+7)	\$ 2018.45		